

To:

School-Based
Services
Providers

HMOs and Other
Managed Care
Programs

Signature requirements for school-based services providers

This *Wisconsin Medicaid and BadgerCare Update* clarifies Wisconsin Medicaid school-based services (SBS) electronic signature requirements.

Signature requirements for School-Based Services documentation

This *Wisconsin Medicaid and BadgerCare Update* reiterates the requirements that apply to both handwritten and electronic signatures indicated in medical records. It also clarifies electronic signature standards.

Wisconsin Medicaid requires school-based services (SBS) providers to have the individual performing a service(s) (not including transportation services) to sign and date either each service or each page of the medical record. Providers are to maintain these signature records in their records for at least five years. Throughout this *Update*, the individual performing the actual service is referred to as the “performer.”

Electronic signature standards

Schools which maintain patient records by computer rather than hard copy may use electronic signatures. However, such entries must be properly authenticated and dated. Authentication must include signatures, written initials, or computer secure entry by a unique identifier of a primary author who has reviewed

and approved the entry. The school must have safeguards to prevent unauthorized access to the records and a process for reconstruction of the records upon request from the intermediary, state surveyor, or other authorized personnel, or in the event of a system breakdown. Signatures must be applied as medical records are charted electronically.

Charting medical records electronically — general provider requirements

Charting medical records electronically is subject to the same requirements as paper documentation. In addition, the following requirements apply:

- Providers must have a paper or electronic back-up system for charting medical records electronically. This could include having files saved on disk or CD-ROM in case of computer failure.
- For audits conducted by the Division of Health Care Financing, providers are required to produce paper copies of electronic records.
- Providers must have safeguards to prevent unauthorized access to the records.

Refer to the Provider Rights and Responsibilities section of the All-Provider Handbook for general information on preparing and maintaining records.

Medicaid documentation standards reminder

Under both federal and state Medicaid laws, documentation must be kept in each recipient's record as required under HFS 106.02(9), Wis. Admin. Code.

Refer to the Provider Rights and Responsibilities section of the All-Provider Handbook for general information on preparing and maintaining records.

Examples of medical records requiring a signature

The following medical records require the performer's signature as outlined in Wisconsin Administrative Code, *Updates*, and Wisconsin Medicaid handbooks. Examples include, but are not limited to:

- Care plans.
- Physician's orders or prescriptions.
- Physician's verbal orders when reduced to writing.
- Progress notes.
- Written protocols.
- Therapy plans.

- All documentation of Medicaid-covered services provided to or for a recipient. Examples include, but are not limited to:
 - ✓ Assessments.
 - ✓ Case notes.
 - ✓ Daily documentation.
 - ✓ Encounter notes.
 - ✓ Flow sheets.
 - ✓ Service provision notes.

Medicaid record retention requirements reminder

Under both federal and state Medicaid laws, documentation of school-based services performed must be kept in each child's record for at least *five years*. Refer to the Attachment of this *Update* for a list of items required by Wisconsin Medicaid.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT

School-Based Services documentation requirements

Individualized Education Program documentation

Wisconsin Medicaid requires school-based services (SBS) providers to include Individualized Education Program (IEP) information in each child's record. All services for the child must be listed in the IEP to be reimbursed by Wisconsin Medicaid. This information must be kept for at least *five years* and include the following:

- Documentation used to develop an IEP (e.g., IEP Team reports, tests).
- The annual IEP revision documenting the child's progress toward treatment goals, changes in physical or mental status, and changes in the treatment plan (progress notes not required for transportation).
- A description of durable medical equipment. (Include the item name, model number or a description, and the invoice, receipt, or cost.)

Documenting face-to-face sessions

In addition to the previously listed items, each child's file must include a signed record documenting each face-to-face session with a performer. Documentation (either electronic or handwritten medical records) must be kept for at least *five years* and include the following information:

- School's name.
- Student's name (including first and last name).
- Student's birth date.
- The prescription for the service, when required.
- Category of service provided (e.g., speech and language pathology).
- Date(s) of service. Several dates or sessions may be included on one record if they are for the same category of service.
- Time, quantity, or miles provided. (Units are documented when submitting claims.)
- Whether service was provided in a group or individual setting.
- Services are listed in the IEP.
- Documentation that the child was present at IEP meetings for the meeting to be covered by Wisconsin Medicaid.

- Attendance records verifying the child was in school on the date(s) of service.
- Brief description of the specific service provided.
Here are a few examples that include the level of detail Wisconsin Medicaid requires:
 - ✓ Activities of daily living, such as "buttoning skills."
 - ✓ Range of motion (ROM), such as elbow or wrist ROM.
 - ✓ Medication management, Tegretol, 200 mg (oral).
- Student's progress or response to each service delivered is required for nursing services and recommended for all other services¹. (Progress or response is not required for transportation or transferring.) Monthly progress and response notes are required for all other school-based services.
- Documentation of contacts with fee-for-service providers (if any) at least annually (e.g., an SBS speech-language pathologist and a community speech-language pathologist discuss the progress of a student with whom they each work).
- Documentation of contacts with non-Medicaid providers (if any) at least annually. Examples of non-Medicaid providers include a physician or nurse practitioner in private practice who is not Medicaid certified.
- Documentation of contacts with state-contracted HMOs (if any) at least annually. (Memorandums of Understanding between SBS providers and state-contracted HMOs in their service areas are required.)
- Name and signature of individual who performed service(s).
- Commercial insurance information (for therapy services only). When the child has insurance, this includes documentation of billing commercial insurance or decreasing the units billed to Wisconsin Medicaid.

¹ Refer to the April 2003 *Wisconsin Medicaid and BadgerCare Update* (2003-21), titled "Covered nursing services provided under the school-based services benefit" for more information about documenting a student's progress to nursing services.